

ISSUE SLIP STAPLE AREA (for additional cross-references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	mg	70 80 3	4/13
O.I.P.E. CLASSIFER		6001 9	3-3-78
FORMALITY REVIEW	BBM	6009 89	4-3

INDEX OF CLAIMS

Rejected:	N	Non-elected:	
Allowed:	A	Interference:	
Canceled:	C	Appeal:	
Restricted:	O	Objected:	

(Through numeral)

Claim	Date
Final Original	7/2/75
1	✓
2	x
3	x
4	x
5	x
6	x
7	x
8	x
9	x
10	x
11	x
12	x
13	x
14	x
15	x
16	x
17	x
18	x
19	x
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33	x
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35	x
36	x
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39	x
40	x
41	x
42	x
43	x
44	x
45	x
46	x
47	x
48	x
49	x
50	x

Claim	Date
Final Original	
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions
staple additional sheet here

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